

AMENDED
CIVIL RIGHTS COMPLAINT
42 U.S.C. § 1983

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

-----X
CHRISTOPHER JONES

14 1-04-13522

Full name of plaintiff/prisoner ID#

Plaintiff,

04 CV 3967 (CBA) (LB)

JURY TRIAL DEMAND

YES x NO

-against-

POLICE OFFICER THOMAS PISANO SHIELD#29517 , POLICE OFFICER PATRICK
LANTRY SHIELD#19535 OF THE 90th PRECINCT, 211 UNION AVENUE BKLYN, N.Y.
DET. STEVEN SNEIDER OF THE 79th precinct 263 TOMPKINS AVE. BKLYN, N.Y.
Enter full names of defendants DET. DOUGLAS CHAVIS SHIELD#6617 OF THE BROOKLYN
[Make sure those listed above are TRANSIT DETECTIVE SQUAD, BKLYN, N.Y.
identical to those listed in Part III.]

Defendants.
-----X

I. Previous Lawsuits:

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? Yes () No (x)
- B. If your answer to A is yes, describe each lawsuit in the space below (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

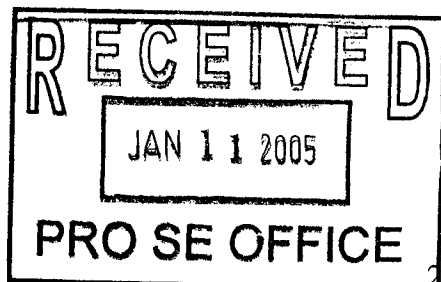
1. Parties to this previous lawsuit:

Plaintiffs: _____

Defendants: _____

2. Court (if federal court, name the district;
if state court, name the county)

3. Docket Number: _____



4. Name of the Judge to whom case was assigned: _____

5. Disposition: (for example: Was the case dismissed? Was it appealed? Is it still pending?)

6. Approximate date of filing lawsuit: _____

7. Approximate date of disposition: _____

II. Place of Present Confinement: GEORGE MOTCHAN DETENTION CENTER

A. Is there a prisoner grievance procedure in this institution? Yes (☒) No ()

B. Did you present the facts relating to your complaint in the prisoner grievance procedure? Yes () No (☒)

C. If your answer is YES,

1. What steps did you take? _____

2. What was the result? _____

D. If your answer is NO, explain why not THIS IS NOT A PRISON
GRIEVANCE ISSUE

E. If there is no prison grievance procedure in the institution, did you complain to prison authorities? Yes () No (☒)

F. If your answer is YES,

1. What steps did you take? _____

2. What was the result? _____

III. Parties:

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff CHRISTOPHER JONES 141-04-13522

Address GEORGE MOTCHAN DETENTION CENTER

(In item B below, place the full name and address of each defendant)

B. List all defendants' names and the addresses at which each defendant may be served. Plaintiff must provide the address for each defendant named.

Defendant No. 1 POLICE OFFICER THOMAS PISANO SHIELD#29517
90th PRECINCT 211 UNION AVENUE
BKLYN, N.Y.

Defendant No. 2 POLICE OFFICER PATRICK LANTRY SHIELD#19535
90th PRECINCT 211 UNION AVENUE
BKLYN, N.Y.

Defendant No. 3 DET. STEVEN SNEIDER SHIELD#00842
79th PRECINCT 263 TOMPKINS AVE.
BKLYN, N.Y.

Defendant No. 4 DET. DOUGLAS CHAVIS SHIELD#6617
BROOKLYN TRANSIT DETECTIVE SQUAD
BKLYN, N.Y.

Defendant No. 5 _____

[Make sure that the defendants listed above are identical to those listed in the caption on page 1].

IV. Statement of Claim:

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 ½ by 11 sheets of paper as necessary.)

ON A NEW YORK CITY BLOCK IN BROOKLYN, BELIEVED TO BE WALTON AVENUE OR LORIMER ST. I WAS ASSAULTED BY SEVERAL POLICE OFFICERS ON 8/23/04 OR 8/24/04 AT APPROXIMATELY 10:00PM OR 12:00AM [BETWEEN THOSE HOURS] THE POLICE TOLD ME TO LAY FACE DOWN ON THE GROUND. "DON'T MOVE" I HEAR THEM WHISPERING SOMETHING BACK AND FORTH ABOUT ME BEING ON PAROLE. I ASK, COULD SOMEBODY TELL ME WHAT'S GOING ON? ONE OF THEM TELLS ME TO SHUT THE FUCK UP! I SAID, YO, I DIDN'T DO NOTHING. THE UNIFORMED POLICE OFFICER [BELIEVED TO BE] PATRICK LANTRY SHIELD#19535 KNEELS BESIDE ME AND HISSES, DIDN'T I TELL YOU TO SHUT UP? I SAID, "YEAH". P.O. PATRICK LANTRY THEN STRUCK ME IN THE HEAD SEVERAL TIMES WITH HIS WALKIE TALKIE AND SAID "WELL, SHUT THE FUCK UP, THEN! "EMPHASIZING EACH WORD WITH EACH BLOW TO MY HEAD. I SAID, WHY ARE YOU DOING THIS, MAN? AND THEN THEY STARTED KICKING ME EVERYWHERE. STOMPING ME OUT. SOMEBODY

IV. A If you are claiming injuries as a result of the events you are complaining about, describe your injuries and state what medical treatment you required. Was medical treatment received?

HEAD INJURY-MY HEAD WAS SPLIT OPEN BY BEING STRUCK BY POLICE OFFICER'S WALKIE-TALKIE. AS A RESULT OF THIS, I SUFFERED PAINFUL MIGRAINE HEAD-ACHES AND THROBBING IN MY TEMPLES FOR DAYS. POLICE OFFICERS ALSO PUT MY LIFE IN JEOPARDY/DANGER BY NOT TAKING ME TO THE HOSPITAL IMMEDIATELY AND ALLOWING ME MEDICAL TREATMENT. WHEREAS, THE DOCTOR/NURSE SAID I COULD OF SLIPPED INTO A COMA AND NOT AWAKEN AT ALL. DUE TO THE FACT THAT I WENT TO SLEEP AFTER BEING STRUCK A TOP THE HEAD SEVERAL TIMES.
2) SHOULDER INJURY-I WAS BEATEN WITH NIGHTSTICKS AND KICKED/STOMPED ON BY POLICE OFFICERS. MY ARMS WERE PULLED BACKWARDS TOWARDS MY HEAD WHILE

BEAT MY RIGHT LEG AND RIGHT SIDE OF MY SHOULDER AND BACK WITH A NIGHT STICK. I TRIED TO CURL UP TO PROTECT MYSELF. NEXT THING I KNOW, I SAW GUNS OUT AROUND MY HEAD. I LOOKED UP TO THE SIDE AND SAW A DIFFERENT POLICE OFFICER THOMAS PISANO SHIELD#29517 SWING HIS GUN IN HAND AT MY HEAD. I TRIED TO DUCK BUT IT HIT ME IN THE MOUTH, WHICH BUSTED MY TOP AND BOTTOM LIPS WIDE OPEN AND KNOCKED MY TEETH LOOSE. MY UPPER RIGHT TOOTH WAS HANGING OUT OF MY GUM BY THE ROOT AND THE ONE NEXT TO IT IS ALSO LOOSE. THEY CONTINUED TO BEAT ME AS I WAS BLACKING OUT. I REMEMBER THEM SQUEEZING MY HANDS TIGHTLY. THEN I COULDN'T FEEL MY HANDS ANY MORE. THIS TOOK PLACE WHILE IN CUSTODY OF THE 90th PRECINCT. THEY HAD THE 79th PRECINCT PICK ME UP. WHEREAS, DETECTIVE SNEIDER SHIELD#00842 IGNORED MY PHYSICAL CONDITION AND DENIED ME MEDICAL ATTENTION FOR ABOUT 24 HOURS, WHILE HE QUESTIONED ME ABOUT DRUG DEALERS, ROBBERY, GUNS, WHO SHOT WHO, ETC. ONCE HE FINISHED THAT HE SENT ME THROUGH A SERIES OF LINE-UPS AGAINST MY WILL AND REQUEST FOR A LAWYER. DET. DOUGLAS CHAVIS SHIELD#6617 ALSO REFUSED TO ALLOW EMS [EMERGENCY MEDICAL SERVICES] TO TAKE ME TO THE HOSPITAL. HE TOLD EMS THEY COULDN'T TAKE ME TO THE HOSPITAL NOW. TO COME BACK LATER WHEN HE'S FINISHED WITH ME. IGNORING MY MEDICAL NEEDS. WHEN I FINALLY GET MEDICAL TREATMENT, THE DOCTOR SAID IT'S TOO LATE TO STITCH YOU UP BECAUSE THE HEALING PROCESS HAS ALREADY BEGUN TO CLOT THE BLOOD FROM FLOWING. I MAKE THIS CLAIM UNDER THE LAWS AND GUIDELINES AGAINST POLICE BRUTALITY. I DIDN'T DO ANYTHING WRONG NOR DID I RESIST ARREST. THEREFORE, I SHOULDN'T HAVE BEEN BEATEN. I AM A WORKING CLASS TAX PAYING CITIZEN AND I WAS BEATEN BY SEVERAL UNKNOWN POLICE OFFICERS AND CHARGED WITH TWO CRIMES I KNOW NOTHING ABOUT NOR COMMITTED. IN AN ATTEMPT TO COVER UP OR JUSTIFY MY ASSAULT. THIS HAS GOT TO STOP. I INTEND TO SUE THE NEW YORK POLICE DEPARTMENT. PLEASE LOG AND FILE MY COMPLAINT.

IV.A .STATEMENT OF CLAIM [CONTINUED] PAGE#2

I WAS HANDCUFFED IN A MANNER TO INFLICT MORE PAIN. AS A RESULT OF THIS, I CAN'T LIFT MY RIGHT ARM OVER MY HEAD WITHOUT EXPERIENCING SHARP PAIN IN MY SHOULDER BLADE AREA AND RIGHTSIDE OF MY LOWER NECK AND AT TIMES I AWAKE WITH SORENESS. A DOCTER/NURSE SAID IT MAY BE THE CAUSE OF A PINCHED NERVE.

3) MOUTH INJURY - I WAS PISTOL WHIPPED/SLAPPED IN THE FACE WITH POLICE OFFICER'S SERVICE WEAPON/GUN. AS A RESULT OF THIS, MY LIPS AND GUMS WERE BUSTED OPEN AND MY TEETH WERE KNOCKED LOOSE. ONE TOOTH WAS BROKEN //CRACKED INSIDE OF MY GUM. I HAD AN EXCRUIATINGLY PAINFUL SENSATION IN MY MOUTH. THIS TOOTH HAD TO BE REMOVED IN TWO PARTS. ON 9/3/04 PIECE WAS REMOVED AND A ROOT CANAL PERFORMED. ON 9/23/04 THE REMAINING PIECE WAS FULLY EXTRACTED. DUE TO INFECTION AND ABSCESS FORMING. NOW, I HAVE A SPEECH IMPEDIMENT, A LISP. BECAUSE OF MISSING TOOTH I CAN NOT PRONOUNCE/ENUNCIATE CERTAIN WORDS. A SECOND TOOTH IS STILL LOOSE AND NERVE SENSITIVE.

4) WRIST INJURY - POLICE OFFICER TWISTED MY HANDS/WRIST IN A MANNER TO INDUCE PAIN. AS A RESULT OF THIS, I CAN NOT WRITE FOR AN EXTENDED PERIOD OF TIME. NOR, CAN I LIFT X-AMOUNT OF WEIGHT WITHOUT FEELING A STRAIN IN MY HAND/WRIST. RIGHT HAND. I'M RIGHT HANDED.

5) BACK INJURY - SEVERAL POLICE OFFICERS BEAT ME WITH NIGHTSTICKS, KICKED AND STOMPED ME IN THE RIB CAGE AND BACK AREA. I EXPERIENCED SHARP PAINS, SORENESS, STIFFNESS AND MUSCLE SPASMS IN MY LOWER SPINE/BACK AREA. I'M STILL EXPERIENCING BACK PAIN AND STIFFNESS ALMOST EVERY MORNING I AWAKE. IT'S HARD TO STAND FOR EXTENDED PERIODS OF TIME. ALSO, I FEEL TENSION IN MY BACK WHEN I WALK AND CLIMB STAIRS. FEELS LIKE TIGHT MUSCLES BEING PULLED AND STRETCHED WHICH IS PAINFUL TO ENDURE. FEELS LIKE BEING OLD IN AGE.

6) LEG INJURY-I WAS STRUCK ABOUT THE LEG WITH POLICE OFFICER'S
IGHTSTICKS.. AS A RESULT OF THIS,I HAD A SLIGHT LIMP.. MY LEG STILL
URTS FROM TIME TO TIME.. ESPECIALLY, WHEN IT RAINS.BELOW THE KNEE
ND SHIN AREA..

AS AN OVERALL RESULT OF THESE INJURIES,I HAVE A MISSING TOOTH,A
OOSE TOOTH, A SPEECH IMPEDIMENT, EXTREME BACK PAIN SHOULDER AND
ECK PAINS, A BUM LEG AND WEAK WRIST.. I HAVE TO RELY ON SEVERAL
AIN MEDICATIONS AND MUSCLE RELAXERS TO EASE THESE COMPLICATIONS
AUSED BY THE N.Y.P D.'S MISTREATMENT.. I'M ON A THERAPUTIC DIET
ECAUSE OF MY MOUTH INJURY AND AWAITING THERAPY FROM A SPECIALIST
OR MY BACK INJURY.. ALL MEDICAL BILLS ARE INCLUDED IN THIS CLAIM.

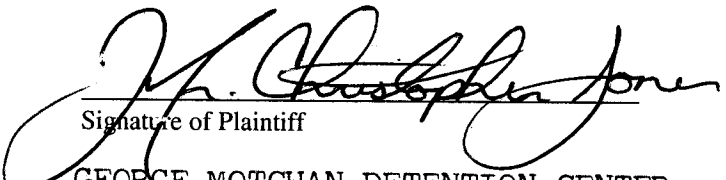
V. Relief:

State what relief you are seeking if you prevail on your complaint.

\$5 MILLION DOLLARS IN DAMAGES FOR PAIN AND SUFFERING, MENTAL
ANGUISH, EMOTIONAL STRESS, PHYSICAL SCARRING, LOSS OF WAGES, MEDICAL
AND LEGAL FEES, HUMILIATION, GROSS NEGLIGENCE AND FALSE ARREST.

I declare under penalty of perjury that on 1/7/05, I delivered this
(Date)
complaint to prison authorities to be mailed to the United States District Court for the Eastern
District of New York.

Signed this 7th day of JANUARY, 2005 I declare under penalty of
perjury that the foregoing is true and correct.


Signature of Plaintiff

GEORGE MOTCHAN DETENTION CENTER
Name of Prison Facility

15-15 Hazen STREET

EAST ELMHURST, N.Y. 11370

Address

141-04-13522

Prisoner ID#

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

CHRISTOPHER JONES

#141-04-13522

Plaintiff

-vs-

P.O. THOMAS PISANO SHIELD#29517, P.O. PATRICK LANTRY SHIELD#19535, DET. DOUGLAS CHAVIS SHIELD#6617N **REQUEST TO PROCEED IN FORMA PAUPERIS**
DET. STEVEN SNEIDER SHIELD#00842

Defendant(s)

I, CHRISTOPHER JONES, am the plaintiff in the above entitled case. I hereby request to proceed without being required to prepay fees or costs or give security therefore. I state that because of my poverty I am unable to pay the costs of said proceeding or to give security therefore, and I believe I am entitled to redress.

1. If you are presently employed:
- a) give the name and address of your employer
 - b) state the amount of your earnings per month

2. If you are **NOT PRESENTLY EMPLOYED**:
- a) state the date of start and termination of your last employment
 - b) state your earnings per month.

YOU MUST ANSWER THIS QUESTION EVEN IF YOU ARE INCARCERATED.

a) 6/04 TO 8/04 b) APPROX. \$1,000 - AFTER TAXES

a) [I BELIEVE, I DON'T HAVE THE EXACT DATE ON CAP]

3. Have you received, within the past twelve months, any money from any source? If so, name the source and the amount of money you received.

MY ONLY SOURCE OF INCOME WAS MY JOB WHICH I LOST DUE TO THIS
INCARCERATION.

a) Are you receiving any public benefits? ☒ No ☐ Yes, \$ _____

b) Do you receive any income from any other source? ☒ No ☐ Yes, \$ _____

4. Do you have any money, including any money in a checking or savings account? If so, how much?

NO / NONE

5. Do you own any apartment, house or building, stocks, bonds, notes, automobiles or other property? If the answer is yes, describe the property and state its approximate value.

☒ No ☐ Yes, _____

6. List the person(s) that you pay money to support and the amount you pay each month.

NONE

7. Do you pay for rent or for a mortgage? If so, how much each month?

NO / NONE

8. State any special financial circumstances which the Court should consider.

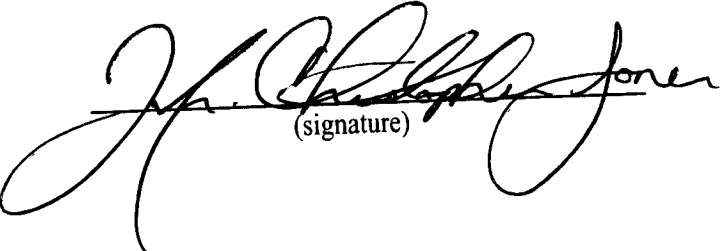
NONE

I understand that the Court shall dismiss this case if I give a false answer to any questions in this declaration. In addition, if I give a false answer I will be subject to the penalties for perjury.

I declare under the penalty of perjury that the foregoing is true and correct.

Dated: 1/7/05

rev. 7/2002


(signature)

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

PRISONER AUTHORIZATION

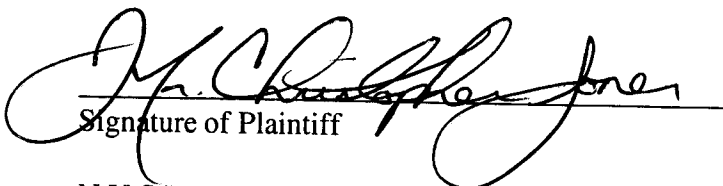
The Prison Litigation Reform Act ("PLRA" or "Act") requires you to pay the full filing fee when bringing a civil action if you are currently incarcerated or detained in any facility. If you do not have sufficient funds in your prison account at the time your action is filed, the Court must assess and collect payments until the entire filing fee of \$150 has been paid, **no matter what the outcome of the action.**

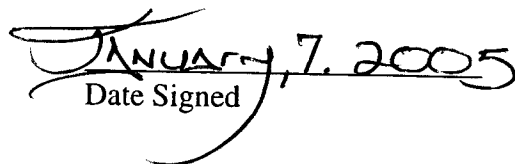
* * *

SIGN AND DATE THE FOLLOWING AUTHORIZATION:

I, CHRISTOPHER JONES, request and authorize the facility institution holding me in custody to send to the Clerk of the United States District Court for the Eastern District of New York, a certified copy of my prison account statement for the past six months. I further request and authorize the facility holding me in custody to calculate the amounts specified by 28 U.S.C. § 1915(b), to deduct those amounts from my prison trust fund account (or institutional equivalent), and to disburse those amounts to the United States District Court for the Eastern District of New York. This authorization shall apply to any facility into whose custody I may be transferred.

I UNDERSTAND THAT BY SIGNING AND RETURNING THIS NOTICE TO THE COURT, THE ENTIRE COURT FILING FEE OF \$150 WILL BE PAID IN INSTALLMENTS BY AUTOMATIC DEDUCTIONS FROM MY PRISON TRUST FUND ACCOUNT EVEN IF MY CASE IS DISMISSED.


Signature of Plaintiff


Date Signed

N.Y.S.I.D. # 6679892L

Local Prison I.D. # 141-04-13522

Federal Bureau of Prisons I.D. # _____

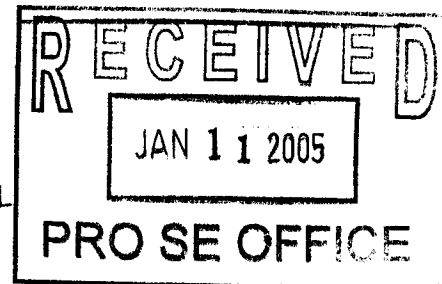
CRIMINAL COURT OF THE CITY OF NEW YORK
COUNTY OF KINGSTHE PEOPLE OF THE STATE OF NEW YORK
VSCERTIFICATE OF DISPOSITION
NUMBER: 87350JONES, CHRISTOPHE
Defendant03/12/1975
Date of Birth23 NOSTRAND AVE
Address6679892L
NYSID NumberBROOKLYN NY 11206
City State Zip08/24/2004
Date of Arrest/Issue

Docket Number: 2004KN051974

Summons No:

160.10 160.10 160.05 265.01 165.40 155.25 120.14
Arraignment Charges

Case Disposition Information:

Date Court Action
10/15/2004 DISMISSEDJudge
GARNETT, WPart
AP1F**SEALED**

Pursuant to Section 160.50 of the CPL

NO FEE CERTIFICATION

☐ GOVERNMENT AGENCY ☐ COUNSEL ASSIGNED☐ NO RECORD OF ATTORNEY READILY AVAILABLE. DEFENDANT STATES COUNSEL WAS ASSIGNEDSOURCE ☐ ACCUSATORY INSTRUMENT ☐ DOCKET BOOK/CRIMS ☐ CRC3030 [CRS963]I HEREBY CERTIFY THAT THIS IS A TRUE EXCERPT OF THE RECORD ON FILE IN
THIS COURT.CLOTHIER, A AVC/eth Sec
COURT OFFICIAL SIGNATURE AND SEAL10/21/2004
DATE

FEE: NONE

(CAUTION: THIS DOCUMENT IS NOT OFFICIAL UNLESS EMBOSSED WITH THE COURT
SEAL OVER THE SIGNATURE OF THE COURT OFFICIAL.)



CRIMINAL COURT OF THE CITY OF NEW YORK
120 SCHERMERHORN STREET
BROOKLYN, N.Y. 11201
(718) 643-4044

DATE 9-29-04

TO WHOM IT MAY CONCERN:

YOUR REQUEST IS BEING RETURNED FOR THE FOLLOWING REASON:

- ☒ A FEE OF \$10.00 IS REQUIRED FOR EACH CERTIFICATE OF DISPOSITION FORWARD A U.S. POSTAL MONEY ORDER ONLY!!!! NO CASH... NO PERSONAL CHECKS OR ATTORNEY CHECKS
- ☐ WE NEED MORE INFORMATION. PLEASE FURNISH AS MUCH OF THE INFORMATION BELOW. RETURN THIS FORM WITH YOUR ORIGINAL COMMUNICATION.

NAME:

Christopher Jones

*ALIASES:

N/A

*ADDRESS AT TIME OF ARREST:

23 Nostrand Ave BKlyn, N.Y. 112 #3B

*AGE AT TIME OF ARREST:

29

*DATE OF BIRTH 3-12-75

*DATE OF ARREST 8-23-04 / 8-24-04

*PRECINCT/NEIGHBORHOOD

79th 263 Tompkins Ave

*ORIGINAL CRIME/OFFENSE:

Rob¹, CPSP 5, CPW 4, Menacing, pe (large)

*DOCKET# 2004KN051974

*NYSID# 6679892L

*COURT CONTROL NUMBER

?

part 2 API 8

THE CHARGES LISTED UNDER THE DOCKET NO. ON THE DISPOSITION ARE
RETURN TO BROOKLYN CRIMINAL COURT, CENTRAL CLERK'S OFFICE ROOM 502 THOSE
THAT WERE
DISMISSED.

Please furnish me a copy (TR) COURT OFFICIAL
of the disposition for the above case under said docket #
and what specific charges were dismissed, please
Thank you of Christopher Jones

0-33967-TLM-LB Document 8 Filed 01/11/05 Page 13 of 36 PageID #: 45

COMPLAINANT - FOLLOW UP INFORMATIONAL PD 313-081A (Rev. 4-89)-31										PAGE 13 OF 36			
Crime Robbery					Pct. 79	OCCB No.		Complaint No. 67065	Date of This Report 8/24/04				
Date of Orig. Report 8/23/04		Date Assigned 8/23/04		Case No. 666	Unit Reporting 79RAM		Follow-Up No.						
Complainant's Name - Last, First, M.I. Morales, Jason					Victim's Name - If Different								
Last Name, First, M.I.					Address, Include City, State, Zip								
Home Telephone			Business Telephone			Position / Relationship			Sex	Race	Date of Birth	Age	
Total No. of Perpetrators		Wanted	Arrested	Weapon <input type="checkbox"/> Used <input type="checkbox"/> Possessed		Describe Weapon (If firearm, give color, make, calibre, type, model, etc.)							
Wanted <input type="checkbox"/>		Arrested <input type="checkbox"/>		Last Name, First, M.I.		Address, Include City, State, Zip						Apt. No.	Res. Pct.
Sex		Race	Date of Birth	Age	Height	Weight	Eye Color	Hair Color	Hair Length	Facial Hair	NYSID No.		
<input type="checkbox"/> Eyeglasses <input type="checkbox"/> Sunglasses		Clothing Description		Scars, Marks, M.O., Etc. (Continue in "Details"):									
Nickname, First Name, Alias													
Wanted <input type="checkbox"/>		Arrested <input type="checkbox"/>		Last Name, First, M.I.		Address, Include City, State, Zip						Apt. No.	Res. Pct.
Sex		Race	Date of Birth	Age	Height	Weight	Eye Color	Hair Color	Hair Length	Facial Hair	NYSID No.		
<input type="checkbox"/> Eyeglasses <input type="checkbox"/> Sunglasses		Clothing Description		Scars, Marks, M.O., Etc. (Continue in "Details"):									
Nickname, First Name, Alias													
AREA W/IN BOX FOR DETECTIVE/LATENT FINGERPRINT OFFICER ONLY. THIS BOX WILL BE UTILIZED BY INVESTIGATOR WHENEVER POSSIBLE AND MUST BE FULLY COMPLETED WHEN USING THIS FORM TO CLOSE A CASE "NO RESULTS."													
Comp. Interviewed <input type="checkbox"/> Yes <input type="checkbox"/> No		In Person <input type="checkbox"/>		By Phone <input type="checkbox"/>		Date	Time	Results: Same as Comp. Report - Different (Explain in Details) <input type="checkbox"/>					
Witness Interviewed <input type="checkbox"/> Yes <input type="checkbox"/> No		In Person <input type="checkbox"/>		By Phone <input type="checkbox"/>		Date	Time	Results: Same as Comp. Report - Different (Explain in Details) <input type="checkbox"/>					
Canvass Conducted <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes - Make Entry in Body Re: Time, Date, Names, Addresses, Results					Crime Scene Visited <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes - Make Entry in Details Re: Time, Date, Evidence Obtained				
Complainant Viewed Photos <input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Future		Results:											
Witness Viewed Photos <input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Future		Results:											
Crime Scene Dusted <input type="checkbox"/> Yes <input type="checkbox"/> No		By (Enter Results in Details)					Crime Scene Photos <input type="checkbox"/> Yes <input type="checkbox"/> No		By (Enter Results in Details)				
If Closing Case "No Results," Check Appropriate Box and State Justification in Details: <input type="checkbox"/> C-1 Improper Referral <input type="checkbox"/> C-2 Inaccurate Facts <input type="checkbox"/> C-3 No Evidence / Can't ID <input type="checkbox"/> C-4 Uncooperative Complainant <input type="checkbox"/> C-5 "Leads" Exhausted													
DETAILS: Investigation: Robbery Subject: Christopher Jones : Statement Status: Case Active													
1. Undersigned arrived at 79 Pct. Detective squad at 0145hrs. At this time the suspect, Christopher Jones, was asked if he would like to make a statement. Christopher stated he did not want to make any statements until he gets his lawyer. Christopher advised line-ups would be conducted in the morning in regards to a robbery. Christopher asked if he could smoke 2 cigarettes and was allowed to. Christopher provided with sheets and he went to sleep on bench.													
2. Clothing Description: Christopher Jones - blue/white/yellow BB hat blue/white/yellow T-shirt blue jeans **black/red NIKE sneakers													
3. Physical Description: Christopher Jones - M/B 5'11" 165lbs hair- braids light mustache													
4. Condition: Christopher Jones - cuts to lower right lip and inside mouth. cuts no bleeding no complaint for injury at this time													
5. For Your Information.....													
CASE <input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> CLOSED		DATE REVIEWED / CLOSED					IF ACTIVE, DATE OF NEXT REVIEW						
REPORTING OFFICER:		RAIK P.O.		SIGNATURE 			NAME PRINTED Sneider			TAX REG. NO. 920853		COMMAND 79RAM	
REVIEWING / CLOSING SUPERVISOR:		CASE CLOSED: C		ENTER SIGNATURE 			SIGNATURE			C.O.'s INITIALS			


CASE <input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> CLOSED		DATE REVIEWED / CLOSED		IF ACTIVE, DATE OF NEXT REVIEW			
REPORTING OFFICER:	RANK P.O.	SIGNATURE 		NAME PRINTED Sneider		TAX REG. NO. 920853	COMMAND 79RAM
REVIEWING / CLOSING SUPERVISOR:	CASE CLOSED: C _____ OR B _____	ENTER RE-SIGNATION		SIGNATURE			C.O.'s INITIALS
		Choice 1	Choice 2	Part 1	Part 2	Part 1	Part 2

exhibit-2

INFORMATIONAL PD 313-081A (Rev. 4-89)-31		Robbery		Pct. 79	DCCB No.	Complaint No. 67065	Date of This Report 8/24/04
Date of Orig. Report 8/23/04	Date Assigned 8/23/04	Case No. 666	Unit Reporting 79RAM	Follow-Up No.			
Complainant's Name - Last, First, M.I. Morales, Jason				Victim's Name - If Different			
Last Name, First, M.I.				Address, Include City, State, Zip			
Home Telephone		Business Telephone		Position / Relationship		Sex	Race
Total No. of Perpetrators		Wanted	Arrested	Weapon	Describe Weapon (If firearm, give color, make, calibre, type, model, etc.)		
Wanted		Arrested	Last Name, First, M.I.		Address, Include City, State, Zip		
Sex	Race	Date of Birth	Age	Height	Weight	Eye Color	Hair Color
Eyeglasses		Sunglasses		Clothing Description		Scars, Marks, M.O., Etc.	
Nickname, First Name, Alias		(Continue in "Details")					
Wanted		Arrested	Last Name, First, M.I.		Address, Include City, State, Zip		
Sex	Race	Date of Birth	Age	Height	Weight	Eye Color	Hair Color
Eyeglasses		Sunglasses		Clothing Description		Scars, Marks, M.O., Etc.	
Nickname, First Name, Alias		(Continue in "Details")					
AREA WITHIN BOX FOR DETECTIVE/LATENT FINGERPRINT OFFICER ONLY. THIS BOX WILL BE UTILIZED BY INVESTIGATOR WHENEVER POSSIBLE AND MUST BE FULLY COMPLETED WHEN USING THIS FORM TO CLOSE A CASE "NO RESULTS."							
Comp. Interviewed		In Person	By Phone	Date	Time	Results: Same as Comp. Report - Different (Explain in Details)	
Witness Interviewed		In Person	By Phone	Date	Time	Results: Same as Comp. Report - Different (Explain in Details)	
Canvass Conducted		If Yes - Make Entry in Body Re: Time, Date, Names, Addresses, Results			Crime Scene Visited	If Yes - Make Entry in Details Re: Time, Date, Evidence Obtained	
Complainant Viewed Photos		Results:			Crime Scene Photos		
Witness Viewed Photos		Results:			By (Enter Results in Details)		
Crime Scene Dusted		By (Enter Results in Details)			Crime Scene Photos		
If Closing Case "No Results," Check Appropriate Box and State Justification in Details:		C-1 Improper Referral C-2 Inaccurate Facts C-3 No Evidence / Can't ID C-4 Uncooperative Complainant C-5 "Leads" Exhausted					
DETAILS:							
Investigation: Robbery Subject: Notifications to BN / Transit Robbery Status : Case Active							
1. On 8/24/04 at 0815hrs the undersigned notified BN Robbery (Lt. Reilly) and Transit Robbery (Det's Chavis and Rivera) in regards to this arrest.							
2. Handgun rec'd is a .25 cal dark in color with brown grips.							
3. At time of apprehension perp had two cell phones in his possession and rec'd by P.O. Lantry. P.O. Lantry called the numbers listed on cell phone and spoke to a Christopher Santiago. Mr. Santiago informed P.O. Lantry that the cell phones were stolen at gunpoint on 8/14/04 on the 'M' train. Perp armed with a dark colored handgun with a brown handle.							
4. Det's Chavis and Rivera stated they would respond to 79Pct..							
5. For Your Information.....							
CASE <input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> CLOSED		DATE REVIEWED / CLOSED		IF ACTIVE, DATE OF NEXT REVIEW			
REPORTING OFFICER:	RANK P.O.	SIGNATURE 		NAME PRINTED Lanter		TAX REG. NO. 920853	COMMAND 79RAM
REVIEWING / CLOSING SUPERVISOR:	CASE CLOSED: C	ENTER DESIGNATION OR B		SIGNATURE		C.O.'s INITIALS	

INFORMATIONAL PD 313-001A (Rev. 4-89)-31		Crime Robbery		Pct. 79	OCCB No.	Page OF	Page 15
Date of Orig. Report 8/23/04	Date Assigned 8/23/04	Case No. 666	Unit Reporting 79 RAM	Complaint No. 67065	Date of This Report 8/24/04	Follow-Up No.	
Complainant's Name - Last, First, M.I. Morales, Jason				Victim's Name - If Different			
Last Name, First, M.I.		Address, Include City, State, Zip					
Home Telephone		Business Telephone		Position / Relationship		Sex	Race
Total No. of Perpetrators		Wanted	Arrested	Weapon	Describe Weapon (If firearm, give color, make, calibre, type, model, etc.)		
Wanted		Arrested	Last Name, First, M.I.		Address, Include City, State, Zip		
Sex	Race	Date of Birth	Age	Height	Weight	Eye Color	Hair Color
Eyeglasses <input type="checkbox"/> Sunglasses <input type="checkbox"/>		Clothing Description		NYSID No.			
Nickname, First Name, Alias		Scars, Marks, M.O., Etc.		(Continue in "Details")			
Wanted		Arrested	Last Name, First, M.I.		Address, Include City, State, Zip		
Sex	Race	Date of Birth	Age	Height	Weight	Eye Color	Hair Color
Eyeglasses <input type="checkbox"/> Sunglasses <input type="checkbox"/>		Clothing Description		NYSID No.			
Nickname, First Name, Alias		Scars, Marks, M.O., Etc.		(Continue in "Details")			
AREA WITHIN BOX FOR DETECTIVE / LATENT FINGERPRINT OFFICER ONLY. THIS BOX WILL BE UTILIZED BY INVESTIGATOR WHENEVER POSSIBLE AND MUST BE FULLY COMPLETED WHEN USING THIS FORM TO CLOSE A CASE "NO RESULTS."							
Comp. Interviewed	In Person	By Phone	Date	Time	Results: Same as Comp. Report - Different (Explain in Details)		
Witness Interviewed	In Person	By Phone	Date	Time	Results: Same as Comp. Report - Different (Explain in Details)		
Canvass Conducted	If Yes - Make Entry in Body Re: Time, Date, Names, Addresses, Results				Crime Scene Visited	If Yes - Make Entry in Details Re: Time, Date, Evidence Obtained	
Complainant Viewed Photos	Results:				Crime Scene Photos		
Witness Viewed Photos	Results:				By (Enter Results in Details)		
Crime Scene Dusted	By (Enter Results in Details)				By (Enter Results in Details)		
If Closing Case "No Results," Check Appropriate Box and State Justification in Details:							
<input type="checkbox"/> C-1 Improper Referral <input type="checkbox"/> C-2 Inaccurate Facts <input type="checkbox"/> C-3 No Evidence / Can't ID <input type="checkbox"/> C-4 Uncooperative Complainant <input type="checkbox"/> C-5 "Leads" Exhausted							
DETAILS: Investigation: Robbery Subject: Transit Robbery Status: Case Active							
1. On 8/24/04 at approximately 1230hrs Transit Robbery Det.'s Chavis and Rivera at 79 Pct. to transport Christopher Jones to Transit Robbery Base for line-ups with their C/V's.							
2. Christopher Jones asked to go to bathroom before leaving. At 1235 he was allowed to go to bathroom. When he came out he asked if EMS could look at his teeth. One of his teeth was loose and was causing him pain. He was told the Det's were taking him to another Pct. and an ambulance would be called for him. He stated that sounded good.							
3. At approximately 1245hrs christopher Jones transported to Transit Robbery.							
4. For Your Information.....							
10							
CASE <input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> CLOSED		DATE REVIEWED / CLOSED		IF ACTIVE, DATE OF NEXT REVIEW			
REPORTING OFFICER:	RANK P.O.	SIGNATURE <i>[Signature]</i>		NAME PRINTED Sneider		TAX REC. NO. 920853	COMMAND 79RAM
REVIEWING / CLOSING SUPERVISOR:	CASE CLOSED: C	ENTER DESIGNATION ON B		SIGNATURE		C.O.'s INITIALS	

Date of Orig. Report 8/23/04		Date Assigned 8/23/04		Case No. 666		Unit Reporting 79RAM		Pct. 79		OCCB No.		Complaint No. 67065		Date of This Report 8/24/04													
Complainant's Name - Last, First, M.I. Morales, Jason										Victim's Name - If Different																	
Last Name, First, M.I.										Address, Include City, State, Zip																	
Home Telephone					Business Telephone					Position / Relationship					Sex		Race		Date of Birth		Age						
Total No. of Perpetrators		Wanted		Arrested		Weapon		Used <input type="checkbox"/> Possessed <input type="checkbox"/>		Describe Weapon (If firearm, give color, make, calibre, type, model, etc.)																	
Wanted <input type="checkbox"/>		Arrested <input type="checkbox"/>		Last Name, First, M.I.		Sex		Race		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Facial Hair		NYSID No.	
<input type="checkbox"/> Eyeglasses <input type="checkbox"/> Sunglasses		Clothing Description		Scars, Marks, M.O., Etc.		(Continue in "Details")		Address, Include City, State, Zip		Apt. No.		Res. Pct.		NYSID No.		Apt. No.		Res. Pct.		NYSID No.		Apt. No.		Res. Pct.			
Wanted <input type="checkbox"/>		Arrested <input type="checkbox"/>		Last Name, First, M.I.		Sex		Race		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Facial Hair		NYSID No.	
<input type="checkbox"/> Eyeglasses <input type="checkbox"/> Sunglasses		Clothing Description		Scars, Marks, M.O., Etc.		(Continue in "Details")		Address, Include City, State, Zip		Apt. No.		Res. Pct.		NYSID No.		Apt. No.		Res. Pct.		NYSID No.		Apt. No.		Res. Pct.			
<p>3 AREA WITHIN BOX FOR DETECTIVE / LATENT FINGERPRINT OFFICER ONLY. THIS BOX WILL BE UTILIZED BY INVESTIGATOR WHENEVER POS 'BLE AND MUST BE FULLY COMPLETED WHEN USING THIS FORM TO CLOSE A CASE "NO RESULTS."</p> <p>Comp. Interviewed <input type="checkbox"/> Yes <input type="checkbox"/> No In Person <input type="checkbox"/> By Phone <input type="checkbox"/> Date Time Results: Same as Comp. Report - Different (Explain in Details)</p> <p>Witness Interviewed <input type="checkbox"/> Yes <input type="checkbox"/> No In Person <input type="checkbox"/> By Phone <input type="checkbox"/> Date Time Results: Same as Comp. Report - Different (Explain in Details)</p> <p>Convass Conducted <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes - Make Entry in Body Re: Time, Date, Names, Addresses, Results Crime Scene Visited <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes - Make Entry in Details Re: Time, Date, Evidence Obtained</p> <p>Complainant Viewed Photos <input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Future Results:</p> <p>Witness Viewed Photos <input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Future Results:</p> <p>Crime Scene Dusk <input type="checkbox"/> Yes <input type="checkbox"/> No By (Enter Results in Details) Crime Scene Photos <input type="checkbox"/> Yes <input type="checkbox"/> No By (Enter Results in Details)</p> <p>If Closing Case "No Results," Check Appropriate Box and State Justification in Details: <input type="checkbox"/> C-1 Improper Referral <input type="checkbox"/> C-2 Inaccurate Facts <input type="checkbox"/> C-3 No Evidence / Can't ID <input type="checkbox"/> C-4 Uncooperative Complainant <input type="checkbox"/> C-5 "Leads" Exhausted</p>																											
<p>DETAILS:</p> <p>Investigation: Robbery Subject: Christopher Jones: Returned to 79Pct. Status: Case Active</p> <p>1 On 8/24/04 at 2015 hrs, Christopher Jones, returned by Det. Chavis and Det. Rivera to 79 Pct..</p> <p>2. Line-up to be conducted with C/V at approximately 2100hrs.</p> <p>3. Christopher Jones requested a cigarette, water, granola bar, and bathroom visit. All requests granted.</p> <p>4. For Your Information.....</p>																											
<p>CASE <input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> CLOSED DATE REVIEWED / CLOSED IF ACTIVE, DATE OF NEXT REVIEW</p> <p>REPORTING OFFICER: RANK P.O. SIGNATURE NAME PRINTED Sneider TAX REG. NO. 920853 COMMAND 79RAM</p> <p>REVIEWING / CLOSING SUPERVISOR: CASE ENTER DESIGNATION CLOSED: C OR B SIGNATURE C.O.'s INITIALS</p>																											

EXHIBIT-5

EXHIBIT-6

PD 313-001A (Rev. 4-89)-31		Crime		Pct.	DCCB No.	Complaint No.	Date of This Report
Date of Orig. Report	Date Assigned	Case No.	Unit Reporting	79		67065	8/24/04
8/23/04	8/23/04	666	79RAM				
Complainant's Name - Last, First, M.I.				Victim's Name - If Different			
Moraes, Jason							
Last Name, First, M.I.				Address, Include City, State, Zip			
Home Telephone		Business Telephone		Position / Relationship		Sex	Race
Total No. of Perpetrators		Wanted	Arrested	Weapon		Date of Birth	Age
Wanted		Arrested	Last Name, First, M.I.		Address, Include City, State, Zip		
Sex	Race	Date of Birth	Age	Height	Weight	Eye Color	Hair Color
Eyeglasses		Sunglasses		Clothing Description		Scars, Marks, M.O., Etc.	
Nickname, First Name, Alias		(Continue in "Details")					
Wanted		Arrested	Last Name, First, M.I.		Address, Include City, State, Zip		
Sex	Race	Date of Birth	Age	Height	Weight	Eye Color	Hair Color
Eyeglasses		Sunglasses		Clothing Description		Scars, Marks, M.O., Etc.	
Nickname, First Name, Alias		(Continue in "Details")					
AREA WITHIN BOX FOR DETECTIVE / LATENT FINGERPRINT OFFICER ONLY. THIS BOX WILL BE UTILIZED BY INVESTIGATOR WHENEVER POSSIBLE AND MUST BE FULLY COMPLETE WHEN USING THIS FORM TO CLOSE A CASE "NO RESULTS."							
Comp. Interviewed		In Person	By Phone	Date	Time	Results: Same as Comp. Report - Different (Explain in Details)	
Witness Interviewed		In Person	By Phone	Date	Time	Results: Same as Comp. Report - Different (Explain in Details)	
Canvass Conducted		If Yes - Make Entry in Body Re: Time, Date, Names, Addresses, Results				Crime Scene Visited	
Complainant Viewed Photos		Results:		If Yes - Make Entry in Details Re: Time, Date, Evidence Obtained			
Witness Viewed Photos		Results:					
Crime Scene Dusted		By (Enter Results in Details)		Crime Scene Photos		By (Enter Results in Details)	
If Closing Case "No Results," Check Appropriate Box and State Justification in Details: <input type="checkbox"/> C-1 Improper Referral <input type="checkbox"/> C-2 Inaccurate Facts <input type="checkbox"/> C-3 No Evidence / Can't ID <input type="checkbox"/> C-4 Uncooperative Complainant <input type="checkbox"/> C-5 "Leads" Exhausted							
DETAILS: Investigation: Robbery Subject: Line-Up Status: Case Active							
1. On 8/24/04 at 1120 hrs the undersigned conducted a line-up viewed by C/W's : P.O. Pisano and Tiffany Cooper.							
2. Christopher Cooper was allowed to select his own seat in line-up and chose seat #4.							
3. At 1120hrs the C/W Tiffany Cooper viewed line-up. Tiffany selected suspect #4 within seconds, stating, "The guy I saw in the projects."							
4. At 1124hrs the C/W P.O. Pisano viewed the line-up. P.O. Pisano selected suspect #4, stating, "Perp he wrestled with on the street last night."							
5. C/V Jason Morales did not view lin-up at this time. Unable to contact him yet.							
6. For Your Information.....							
CASE		DATE REVIEWED / CLOSED		IF ACTIVE, DATE OF NEXT REVIEW			
ACTIVE <input checked="" type="checkbox"/> CLOSED <input type="checkbox"/>							
REPORTING OFFICER:	RANK	SIGNATURE	NAME PRINTED		TAX REG. NO.	COMMAND	
	P.O.		Sneider		920853	79RAM	
REVIEWING / CLOSING SUPERVISOR:	CASE	ENTER DESIGNATION	SIGNATURE		C.O.'s INITIALS		
	CLOSED: C	OR B					



PROPERTY CLERK'S INVOICE

PD 521-141 (Rev. 5/01)-Perit

Check only one of the below categories.

M 332521

☐ ARREST EVIDENCE
☒ INVESTIGATORY

☐ DECEDENT'S PROPERTY
☐ PEDDLER PROPERTY

☐ FOUND PROPERTY
☐ OTHER

DATE PREPARED: 8/23

YR 2004 PCT. 090

Arresting/Assigned Officer

Plesner Thomas

Rank

PO

Shield No.

33217

Tax Reg. No.

922928

Command

090

Prisoner's Last Name

First

Age Address (Include City, State, Zip Code, Apt.)

No. of Prisoners

Acc./Aided #

Date of Arrest

Arrest No.

Charge/Offense Under Investigation

Robbery

Fel.

Misd.

J.D.

Viol.

Complaint No.

Owner's Name (See Instructions)

Jones Christopher J

Address (Include City, State, Zip Code, Apt.)

23 Westwood Ave Apt 638 Melville NY 11766

Telephone No.

Address (Include City, State, Zip Code, Apt.)

Telephone No.

ITEM NO.

QUANTITY

ARTICLE

CASH VALUE

U.S. Currency Only

(For Property Clerk's Use Only)
DISPOSITION AND DATE

1

1

And Envelope Giuseppe
Red 627 Cal. 25 8/23/04

2

1

Magazine

Above is a complete list of items vouchered

Additional Invoice Nos. Related to This Case Including Motor Vehicles

M332520

R.T.O.

Owner/Claimant's

Signature

Pink Receipt Copy of Voucher Issued ☐ Yes ☐ Refused

Date Time

Property Clerk Storage Location

REMARKS: Briefly explain why the property was taken into custody (see instructions on BACK OF BLUE COPY).

Above property vouchered as Investigatory. S#0876053

Property found in garbage can in P/O 9 Walton St. where
finder observed perp place it.

Rank and Signature of Desk Officer

Tax No.

Signature of Arresting/Assigned Officer

Bero Storage No.

PROPERTY ON THIS VOUCHER DELIVERED TO
PROPERTY CLERK'S OFFICE BY:

Rank

Name

Command



Property Clerk's Signature

M 332521

DISTRIBUTION: WHITE - Prop. Clk. File SECOND WHITE - Inventory Unit Copy
BLUE - Police Officer's Copy GREEN - Evidence Release/Investigation CopyYELLOW - Prop. Clk. Work Copy
PINK - Prisoner/Finder Receipt Copy

ARREST Report - K04661384

Page 1 of

 <h1 style="text-align: center;">New York City Police Department</h1> <h2 style="text-align: center;">Uniform System - Arrests</h2>		
--	--	---

RECORD STATUS: ARR PRC CMPL

Arrest Location: INSIDE OF 263 TOMPKINS AVENUE

Arrest ID: K04661384 - P

Pct 079

Arrest Date: 08-24-2004

Processing Type: ON LINE

Time: 21:50:00

DCJS Fax Number: K0083464

Sector: D

Special Event Code: -

DAT: NO

Stop And Frisk: NO

Return Date:

Serial #: 0000-000-00000

COMPLAINTS:

COMPLAINT NUMBER REPORT DATE RECORD STATUS

OCUR DATE OCUR TIME

2004-073-47065

2004-08-23

Ready for Signoff, No Arrest 2004-08-23 21:05

CHARGES:

CHARGE ATTEMPT LAW CODE CLASS TYPE COUNTS DESCRIPTION

TOP	No	PL 160.15 02 F	B	1	ROB-1ST-FOUR THRT/DEADLY WEAP
002	No	PL 265.03 02 F	C	1	CRIM POSS LOADED FIREARM 2ND

DWT Arrest Score:

Injured: 00

Fatalities: 00

Tot Given:

B.A.C.

Reason Not Recd:

DETAILS:

AT TPO DEPT DID FORCIBLY REMOVE GN'S JEWELRY AT GUNPOINT INSIDE OF AN ELEVATOR.

DEFENDANT: JONES, CHRISTOPHER

Nick/KA/Maiden:

Sex: MALE

Race: BLACK

Age: 28

Date Of Birth: 05/12/1976

U.S. Citizen: YES

Place of Birth:

Need Interpreter: NO

Language:

Accent: NO

Height: 5FT 11IN

Weight: 165

Eyes Color: BROWN

Hair Color: BLACK

Hair Length: NORMAL

Hair Style: BRAIDS

Skin Tone: DARK

Complexion: CLEAR

Soc Security #:

Occupation: NONE

Physical Condition: INJ-TREATED RELEASED Lio/Permit Type:

Drug Used: NONE

Lio/Permit No:

Arrest ID:

K04661384

Order Of Protection: NO

Issuing Court:

Pocket #:

Expiration Date:

Relating to Victim: STRANGER

Living together: NO

Can be identified: YES

Gang Affiliation:

Name:

Modifiers:

LOCATION

ADDRESS

CITY

STATE/CITY ZIP

APR/ROOM PCT

HOME-PERMANENT 23 NOSTRAND AVENUE BROOKLYN NEW YORK 11206 079

Phone # and Email Address: HOME: 718-694-8342

N.Y.C.H.A. Resident: NO N.Y.C. Housing Employee: NO On Duty:

Development: N.Y.C. Transit Employee: NO

Physical Force: USED

Weapon: USED/DISPLAYED

Other:

Gun:

Make:

Color:

Caliber: 38 CAL

Type: PISTOL, SEMIAUTOMATI

Discharged: NO

Used Transit System:

Station Entered:

Fine Entered:

Metro Card Type:

Metro Card Used/Passes:

Card #:

CRIME DATA

STATEMENTS MADE

METHOD OF FLIGHT

MODUS OPERANDI

MODUS OPERANDI

MODUS OPERANDI

MODUS OPERANDI

ACTIONS TOWARD VICTIM UNK

CLOTHING

CLOTHING

CLOTHING

CLOTHING

DETAILS

JASON YOU KNOW WHAT THIS IS

FOOT

ASKED QUESTION / OFFERED ASSIS

DECEPTION USED

JEWELRY/NECK CHAIN \$MATCH

TOOK COMPL. TO ISOLATED AREA

UNK

OUTERWEAR - SWEAT SHIRT OR JOGGING JACKET - UNKNOWN COLOR.

HEADGEAR - BASEBALL HAT - BLACK

ACCESSORIES - BLACK

FOOTWEAR - SNEAKERS - BLACK

ARREST Report - K04661384

Page 2 of

BODY MARKS UNKNOWN
 BODY MARKS UNKNOWN
 IMPERSONATION UNKNOWN

JUVENILE DATA:

Juvenile Offender: Relative Notified: Personal Recog:
 Number Of Prior: 0 Name:
 School Attending: Phone Called:
 Mother's Maiden Name: Time Notified:

Arrest #: K04661384

ASSOCIATED ARRESTS:

Arrest #: K04661384

ARREST ID COMPLAINT

DEFENDANTS CALLS:

Arrest #: K04661384

CALL # NUMBER DIALER NAME CALLED DATE TIME
 1 718-664-8342 THOMASINA 08/24/2004 21:50

INVOICES:

Arrest #: K04661384

INVOICE	COMMAND	PROPERTY TYPE	VALUE
8332821	000	FIREARMS/WEAPONS	UNKNOWN
8332820	000	CLOTHING	UNKNOWN

ARRESTING OFFICER: POM STEVEN G SNEIDER

Arrest #: K04661384

Tax Number: 820963 On Duty: YES
 Other ID (non-NYPD): 820963 In Uniform: NO
 Shield: 842 Squad: C
 Department: NYPD Chart: 68
 Command: BND 678 Primary Assignment:

Force Used: NO
 Type:
 Reason:
 Officer Injured: NO

Arresting Officer Name:
 POM SNEIDER, STEVEN G

Tax #: 820963

Command: BND 678

Agency: NYPD

Supervisor Approving:
 SGT COUGHLIN

Tax #: 897268

Command: 298

Agency: NYPD

Report Entered by:
 DTS HEDRIGAN

Tax #: 919078

Command: 298

Agency: NYPD



END OF ARREST REPORT
 K04661384




ON LINE BOOKING SYSTEM ARREST REPORT - SUPPLEMENT WORKSHEET
 PD 244-1516 (1-98)-Pent

ARRESTING OFFICER INFORMATION

 Arrest ID
K04661384-B

1. Tax Reg. No. 910717	Name (Last, First, M.I.) CHAVIS, DOUGLAS		Rank P.O.	Command BTRS
2. Shield No. 6617	Social Security No. (If Not NYPD)	On Duty? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	In Uniform? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Used Force? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Type: A <input type="checkbox"/> Handgun B <input type="checkbox"/> Physical Force C <input type="checkbox"/> Chemical Agent D <input type="checkbox"/> Nightstick, Blunt Instrument E <input type="checkbox"/> Firearm Z <input type="checkbox"/> Other			
4. Reason Force Used:	A <input type="checkbox"/> Overcome Assault B <input type="checkbox"/> Restrain C <input type="checkbox"/> Prevent Escape Z <input type="checkbox"/> Other			
5. Officer Assigned <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Arresting Officer's Dept.	Precinct of Arrest		

DEFENDANT INFORMATION

6. Last Name JONES	First Name CHRISTOPHER	M.I. J
7. Resident Precinct 079	or 1 <input type="checkbox"/> Other in N.Y.C. 2 <input type="checkbox"/> N.Y. State 3 <input type="checkbox"/> Other State 4 <input type="checkbox"/> No Home	
8. Address (Include City, State, Zip) 23 NOSTAND AVENUE BROOKLYN, NY 11206	Apt. No. 3B	Home Telephone No. (718) 694-8342
9. Telephone Calls 1. () Name	Telephone Calls 2. () Name	

ARREST INFORMATION

10. Time 1806	Date 08-24-04	Physical Condition APPARENTLY NORMAL
11. Arrest Location 960 CARROLL STREET/TD32	Return Date	A/O Excused? <input type="checkbox"/> Yes <input type="checkbox"/> No

CHARGES INFORMATION

	ATTEMPT?	LAW	SECTION	SUB.	CLS.	TYPE	COUNTS	DESCRIPTION
Top Chg.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	P.L.	160.15		Z	F	01	ROBBERY 1
2nd Chg.	<input type="checkbox"/> Yes <input type="checkbox"/> No							
3rd Chg.	<input type="checkbox"/> Yes <input type="checkbox"/> No							
4th Chg.	<input type="checkbox"/> Yes <input type="checkbox"/> No							
5th Chg.	<input type="checkbox"/> Yes <input type="checkbox"/> No							

13. Occurrence: Time **0125** Date **08-14-04** Specific Location **CENTRAL AVE. ABOARD S/B 'M' TRAIN**

14. Narrative: **AT/T/P/O COMPLAINANT STATES HE WAS APPROACHED BY DEFT. AND (1) OTHER UNAPPREHENDED AND ROBBED AT GUN POINT. ABOARD S/B'M' TRAIN**

PROPERTY VOUCHER INFORMATION

Number 1. M332522	Command 090	Value	Type: 22 <input type="checkbox"/> Drugs 54 <input type="checkbox"/> Veh. 56 <input type="checkbox"/> Curr. 59 <input type="checkbox"/> Firearm 57 <input type="checkbox"/> Jewelry 36 <input type="checkbox"/> Boat 97 <input checked="" type="checkbox"/> Other
Number 2.	Command	Value	Type: 22 <input type="checkbox"/> Drugs 54 <input type="checkbox"/> Veh. 56 <input type="checkbox"/> Curr. 59 <input type="checkbox"/> Firearm 57 <input type="checkbox"/> Jewelry 36 <input type="checkbox"/> Boat 97 <input type="checkbox"/> Other
Number 3.	Command	Value	Type: 22 <input type="checkbox"/> Drugs 54 <input type="checkbox"/> Veh. 56 <input type="checkbox"/> Curr. 59 <input type="checkbox"/> Firearm 57 <input type="checkbox"/> Jewelry 36 <input type="checkbox"/> Boat 97 <input type="checkbox"/> Other

COMPLAINT DATA

16. Is Comp. A Comp? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	or PSNY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	or Disabled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Total Victims 01	Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Age 17
17. Name NOEL COLON					
18. Address [REDACTED]					
19. Case No. 66449	Precinct 083	Sec.	Jurisdiction of Complaint 01		
20. Method Type	Premises Type	Location	Aided No.	Command	Accident No.

RETURN ON WARRANT

21. Type of Warrant <input type="checkbox"/> Criminal Court <input type="checkbox"/> Supreme Court <input type="checkbox"/> Family Court <input type="checkbox"/> SAP <input type="checkbox"/> PIMS <input type="checkbox"/> Other	Warrant or OCA Number	Docket Number
---	-----------------------	---------------

HOSPITALIZED PRISONER

22. Hospital Name	Hospital Address	Room Number
23. Visitor's Name	Visitor's Address	

IF DEFENDANT IS RELEASED FROM HOSPITAL:

24. Issued a Desk Appearance Ticket <input type="checkbox"/> Yes <input type="checkbox"/> No	Return Date	And Under 19 Years Old Notified Parent or Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No	Time	Date
25. Arresting Officer Notified <input type="checkbox"/> Yes <input type="checkbox"/> No	Time	Date		

IF CHANGE IN DEFENDANTS IDENTITY OR ADDRESS

26. Last Name	First Name	M.I.	D.O.B.
27. Address	Res. Pct.		

MARK HERE IF

28. Defendant Forfeits Bail <input type="checkbox"/> Yes <input type="checkbox"/> No	Was Defendant Re-Arrested <input type="checkbox"/> Yes <input type="checkbox"/> No	Attorney Visits Prisoner <input type="checkbox"/> Yes <input type="checkbox"/> No
29. Attorney's Last Name	Attorney's First Name	Telephone No.
30. Attorney's Address (Include City, State, Zip)		
31. Released in Custody Of Member Of Accident Investigation Squad to Permit Examination Of A Vehicle If a Person Has Been Killed Or Injured And Likely To Die <input type="checkbox"/> Yes		
32. Clothing Removed From Homicide Victim For Examination At Crime Laboratory <input type="checkbox"/> Yes		
33. Child Released From Place Of Detention <input type="checkbox"/> Yes		
34. Reviewing Supervisor's Name (Printed) S. J. Sando	Signature [Signature]	[Signature]

DO NOT USE THIS FORM TO REPORT: CRIME CLASSIFICATION CHANGES, CASE CLEARANCES, INITIAL ARREST ON THE COMPLAINT, RECOVERED PROPERTY, ADDITIONAL STOLEN PROPERTY SERIAL NUMBERS OBTAINED FOR PROPERTY PREVIOUSLY REPORTED, CRIME INCIDENT DATA, USE COMPLAINT FOLLOW-UP (PD 313-861) TO REPORT THE PRECEDING.

COMPLAINT - FOLLOW UP INFORMATIONAL PD 313-081A (Rev. 4-89)-31		POST# 3348		CN# 143202		PAGE _____ OF _____ PAGE _____	
Date of Orig. Report 08/14/04		Date Assigned 08/18/04		Case No. 936		Unit Reporting BROOKLYN TRANSIT DET. SQUAD	
Complainant's Name - Last, First, M.I. COLON, NOEL		Victim's Name - If Different		Follow-Up No. 936-			
Last Name, First, M.I.		Address, include City, State, Zip		Apt. No.			
Home Telephone		Business Telephone		Position / Relationship		Sex Race Date of Birth Age	
Total No. of Perpetrators		Wanted Arrested		Weapon <input type="checkbox"/> Used <input type="checkbox"/> Possessed		Describe Weapon (If firearm, give color, make, calibre, type, model, etc.)	
Wanted Arrested		Last Name, First, M.I.		Address, include City, State, Zip		Apt. No. Res. Pct.	
Sex Race Date of Birth Age Height Weight Eye Color Hair Color Hair Length Facial Hair		FL. in.		NYSID No.			
<input type="checkbox"/> Eyeglasses <input type="checkbox"/> Sunglasses		Clothing Description, Scars, Marks, M.O., Etc. (Continue in "Details"):					
Wanted Arrested		Last Name, First, M.I.		Address, include City, State, Zip		Apt. No. Res. Pct.	
Sex Race Date of Birth Age Height Weight Eye Color Hair Color Hair Length Facial Hair		FL. in.		NYSID No.			
<input type="checkbox"/> Eyeglasses <input type="checkbox"/> Sunglasses		Clothing Description, Scars, Marks, M.O., Etc. (Continue in "Details"):					
AREA WITHIN BOX FOR DETECTIVE / LATENT FINGERPRINT OFFICER ONLY. THIS BOX WILL BE UTILIZED BY INVESTIGATOR WHENEVER POSSIBLE AND MUST BE FULLY COMPLETED WHEN USING THIS FORM TO CLOSE A CASE "NO RESULTS."							
Comp. Interviewed <input type="checkbox"/> Yes <input type="checkbox"/> No		In Person <input type="checkbox"/>		By Phone <input type="checkbox"/>		Date Time Results: Same as Comp. Report - Different (Explain in Details)	
Witness Interviewed <input type="checkbox"/> Yes <input type="checkbox"/> No		In Person <input type="checkbox"/>		By Phone <input type="checkbox"/>		Date Time Results: Same as Comp. Report - Different (Explain in Details)	
Carnass Conducted <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes - Make Entry in Body Re: Time, Date, Names, Addresses, Results		Crime Scene Visited <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes - Make Entry in Details Re: Time, Date, Evidence Obtained	
Complainant Viewed Photos <input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Future		Results:					
Witness Viewed Photos <input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Future		Results:					
Crime Scene Dusted <input type="checkbox"/> Yes <input type="checkbox"/> No		By (Enter Results in Details)		Crime Scene Photos <input type="checkbox"/> Yes <input type="checkbox"/> No		By (Enter Results in Details)	
If Closing Case "No Results," Check Appropriate Box and State Justification in Details: <input type="checkbox"/> C-1 Improper Referral <input type="checkbox"/> C-2 Inaccurate Facts <input type="checkbox"/> C-3 No Evidence / Can't ID <input type="checkbox"/> C-4 Uncooperative Complainant <input type="checkbox"/> C-5 "Leads" Exhausted							
DETAILS: INVESTIGATION: ROBBERY 1 SUBJECT : LINE UP CONDUCTED W/COMPLAINANT 1. ON TUESDAY AUGUST 24, 2004 @ APPROXIMATELY 1806HRS. A LINE UP WAS CONDUCTED WHICH CONSISTED OF (CHRISTOPHER JONES NYSID# 6679892L) A SUSPECT IN THIS CASE AND FIVE FILLERS IN SIMILAR APPEARANCE AS THE SUSPECT. THE SUSPECT CHOSE TO SIT IN POSITION #2 DURING THE LINE UP. 2. PRESENT AT THE LINE UP WAS COMPLAINANT IN THIS CASE (NOEL COLON) WHO WAS PICKED UP @ 081PCT. BY THE UNDERSIGNED AND DET. RIVERA IN RMP #518. 3. AT 1806HRS. THE COMPLAINANT (NOEL COLON) MADE A POSITIVE IDENTIFICATION OF THE SUSPECT (CHRISTOPHER JONES) IN POSITION #2 AS THE PERSON THAT ROBBED HIM ON (08-14-04 @ CENTRAL AVENUE SUBWAY STATION ON BOARD S/B 'M' TRAIN. CONDUCTING THE LINE UP WAS THE UNDERSIGNED AND SGT. RISANO, W/DET. STATEN RUNNING THE LINE UP ROOM. AFTER THE LINE UP THE COMPLAINANT WAS ESCORTED TO ROOM #111 SEPARATE FROM OTHER COMPLAINANTS WHO HAVE NOT YET VIEWED THE LINE UP.							
CASE <input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> CLOSED		DATE REVIEWED / CLOSED		IF ACTIVE, DATE OF NEXT REVIEW			
REPORTING OFFICER:		RANK		SIGNATURE		NAME PRINTED	
REVIEWING / CLOSING SUPERVISOR:		CASE		ENTER DESIGNATION		SIGNATURE	
P.O.		DOUGLAS CHAVIS		910717		BTRS	
CLOSED: C		08 8		C.O.'s INITIALS			



MICHAEL R. BLOOMBERG
MAYOR

CIVILIAN COMPLAINT REVIEW BOARD
40 RECTOR STREET, 2ND FLOOR
NEW YORK, NEW YORK 10006 ♦ TELEPHONE (212) 442-8833
www.nyc.gov/ccrb

FLORENCE L. FINKLE
EXECUTIVE DIRECTOR

December 13, 2004

Mr. Christopher Jones
23 Nostrand Avenue 3B
Brooklyn, NY 11206

Re: CCRB case number 200408367

Dear Mr. Jones:

I am now writing to inform you of the Board's findings on the allegation(s) raised by the above-referenced complaint.

Allegation(s) by letter :

Board finding(s) :

A) Officers struck Christopher Jones with a gun.

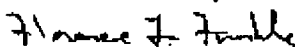
Complainant Uncooperative

B) Officers struck Christopher Jones with a radio.

Complainant Uncooperative

The Board did not conduct a full and thorough investigation of this complaint in the absence of an available and cooperative complainant and/or victim(s). However, where new evidence or a previously unavailable or uncooperative witness becomes available within eighteen months of the Board's closure of the case, the Board may reopen the case if such new evidence may reasonably lead to a different finding. To request that the Board reopen a closed case, please detail the new evidence and the request in a letter addressed to Graham Daw, Agency Counsel. If you have any questions regarding this procedure, you may call Mr. Daw at (212) 676-8591.

Sincerely,

A handwritten signature in cursive script, appearing to read "Florence L. Finkle".

Florence L. Finkle
Executive Director

FDNY/EMS
P.O. BOX 1103
NEW YORK NY 10159-1103

PROGRESSIVE RECOVERY TECHNIQUES

CALL TOLL FREE 1-(866) 759-9241

DECEMBER 20, 2004

1000674 01 AV 0.278 **AUTO T42 1100 11206-516632



85100-1111342

CHRISTOPHE JONES
23 NOSTRAND AVE APT 3B
BROOKLYN NY 11206-5166

RE: CLIENT: FDNY EMS
PATIENT: CHRISTOPHE JONES
SERVICE TO: BKLYN HOSP CAMPUS-BKLYN HOSP C
AMOUNT DUE: \$438.00

DEAR CHRISTOPHE JONES:

Emergency Ambulance Service Care was provided by the New York City Fire Department on the date and location indicated above. You have failed to respond to our previous request for payment or information. THIS IS A SERIOUS MATTER. If you fail to contact us within 30 days, your account will be subject to referral to a collection agency.

MAKE ALL CHECKS OR MONEY ORDERS PAYABLE TO: NEW YORK CITY FIRE DEPARTMENT and include your file number on the check or money order. DO NOT SEND CASH. Mail all payments or correspondence to the address listed on the back of this letter.

If you are covered by MEDICAID, MEDICARE, or PRIVATE INSURANCE, do not send payment, but submit the Insurance Information on the back of this letter. IN ORDER FOR US TO SUBMIT A CLAIM TO YOUR INSURANCE CARRIER, YOU MUST READ AND SIGN THE ASSIGNMENT AND RELEASE AUTHORIZATION LOCATED ON THE BACK OF THIS LETTER. Your bill will then be forwarded to the appropriate agency or carrier for payment.

YOU MAY CONTACT YOUR
ACCOUNT REPRESENTATIVE TOLL FREE AT: 1-(866)759-9241

VERY TRULY YOURS,
FDNY EMS

PROGRESSIVE RECOVERY TECHNIQUES IS A DEBT COLLECTOR
AND A MEMBER OF THE AMERICAN COLLECTORS ASSOCIATION.

THIS IS A COMMUNICATION FROM A DEBT COLLECTOR.
THIS IS AN ATTEMPT TO COLLECT A DEBT AND ALL INFORMATION

THE BROOKLYN HOSPITAL CENTER
 3 EXPRESSWAY PLAZA
 ROSLYN HEIGHTS NY 11577-2050

4 This is the current insurance information on file
 Please review and make corrections on the back of this form

Insurance Name	Policy #
1.	
2.	
3.	
4.	

1 Patient Name		JONES, CHRISTOPHER		1255437	
2 Service Date(s) From/Through	3 Statement Date	Page			
08/25/04 08/25/04	09/06/04	1			
5 If paying by CREDIT CARD, please complete this section				6 CHECK/M.O.	
MC _VISA _AMEX				AMOUNT ENCLOSED	
Card # _____				\$ _____	
Exp. Date ____/____ AMT AUTHORIZED \$ _____					
Signature _____					

00002514 1 AT 0.292 01
 JONES CHRISTOPHER
 23 NOSTRAND AVE # 3B
 BROOKLYN NY 11206-5166

THE BROOKLYN HOSPITAL CENTER
 3 EXPRESSWAY PLAZA
 ROSLYN HEIGHTS NY 11577-2050

9 Account Number	10 Previous Balance	11 Charges	12 Est. Ins. Coverage	13 Payments/Adj's	
	.00	1647.98	.00	145.85	1,793.83

To ensure proper credit to your account, detach top section and return with your payment

15 Account Number	16 Patient Name	17 Service Date(s)	18 Statement Date	Page
	JONES, CHRISTOPHER	08/25/04 08/25/04	09/06/04	1
19 Date(s)	20 Description	21 Charges	22 Est. Ins. Coverage	23 Payments/Adj's
0409012156	OPEN ITEM - CURRENT TRANSACTIONS			
08/25/04	GEMERG DOWNTOWN EMERGENCY DEPARTMENT GEM006	262.50		
08/25/04	EMERGENCY VISIT-BRIEF 9928	146.27		
08/25/04	TEMPERO-MANDIB/JOINTS 7033	493.92		
08/25/04	C/T ORBITS W/O CONTRAST 7048	745.29		
08/25/04	C/T MANDIBLE W/O CONTRAS 7048			
09/04/04	BILLED 1647.98 TO PATIENT			.00
09/04/04	NY STATE SURCHARGE			145.85
24 Previous Balance	.00	Column Totals:	1647.98	.00
				145.85
				1,793.83

THIS IS YOUR INITIAL BILL. YOU ARE RESPONSIBLE FOR THE ABOVE STATED AMOUNT. EITHER SEND US YOUR INSURANCE INFORMATION, OR PAY THE AMOUNT DUE. FOR INQUIRIES, CALL 1-866-590-0983. THANK YOU


14463-J441

DATASET 71

STATEMENT DATE	PAY THIS AMOUNT	ACCT. #
10/22/04	\$235.00	12454

SHOW AMOUNT PAID HERE \$

REMIT TO:


 TBHC RADIOLOGY SERVICES, P.C.
 PO BOX 31194
 HARTFORD, CT 06150-1194

14463-J441*1D00ZPZGA001094

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

102

DUE FROM PATIENT	
	\$235.00

1D00ZTHVX:1.1



If Questions. Please Call:
Contact:

THE BROOKLYN HOSPITAL CENTER
3 EXPRESSWAY PLAZA
ROSLYN HEIGHTS NY 11577-2050

1 Patient Name		JONES, CHRISTOPHER		1255437	
2 Service Date(s) From/Through		3 Statement Date		Page	
08/25/04 08/25/04		12/20/04		1	
5 If paying by CREDIT CARD, please complete this section				6 CHECK/M.O.	
MC _ VISA _ AMEX				AMOUNT ENCLOSED	
Card # _____				AMOUNT ENCLOSED	
Exp. Date ____/____ AMT AUTHORIZED \$ _____				AMOUNT ENCLOSED	
Signature _____				AMOUNT ENCLOSED	
				\$ _____	

4 This is the current insurance information on file	
Please review and make corrections on the back of this form	
Insurance Name	Policy #
1.	
2.	
3.	
4.	

00002628 1 AT 0.292 01
JONES CHRISTOPHER
23 NOSTRAND AVE # 3B
BROOKLYN NY 11206-5166

THE BROOKLYN HOSPITAL CENTER
3 EXPRESSWAY PLAZA
ROSLYN HEIGHTS NY 11577-2050

9 Account Number	10 Previous Balance	11 Charges	12 Est. Ins. Coverage	13 Payments/Adj's	
0409012156	1793.83	.00	.00	.00	1,793.83

To ensure proper credit to your account, detach top section and return with your payment

15 Account Number	16 Patient Name	17 Service Date(s)	18 Statement Date	Page
0409012156	JONES, CHRISTOPHER	08/25/04 08/25/04	12/20/04	1
19 Date(s)	20 Description	21 Charges	22 Est. Ins. Coverage	23 Payments/Adj's
0409012156	OPEN ITEM - CURRENT TRANSACTIONS GEMERG DOWNTOWN EMERGENCY DEPARTMENT GEM006			
24 Previous Balance	1793.83	Column Totals:	.00	.00
H	Due By	Contract Amount Due	1,793.83	

WE SENT YOU A BILL WITHIN THE PAST 90 DAYS. YOU ARE RESPONSIBLE FOR THE ABOVE AMOUNT IF WE DO NOT RECEIVE YOUR INSURANCE INFORMATION, OR PAYMENT, WE WILL BE FORCED TO SEND YOUR ACCOUNT TO A COLLECTION AGENCY. FOR INQUIRIES, CALL 1-866-590-0983. THANK YOU

121 Dekalb Ave. Box 1201
Brooklyn, NY 11201
3-250-6889
Discharge Instructions

CONTUSION, SOFT TISSUE

You have a **CONTUSION**, which is a bruise with swelling and some bleeding under the skin. There are no broken bones. This injury takes a few days to a few weeks to heal.

HOME CARE:

- 1) Keep the injured part elevated to reduce pain and swelling. This is especially important during the first 48 hours.
- 2) Make an ice pack (ice cubes in a plastic bag, wrapped in a towel) and apply for 20 minutes every 1-2 hours the first day. Continue this 3-4 times a day until the swelling goes down.
- 3) You may take Tylenol (acetaminophen) or ibuprofen (Advil, Motrin) for pain, unless another pain medicine was prescribed.

FOLLOW UP with your doctor or this facility if you are not improving within the next **THREE** days.

[NOTE: If X-rays were taken, they will be reviewed by a radiologist. You will be notified of any new findings that may affect your care.]

RETURN PROMPTLY or contact your doctor if any of the following occur:

- Pain or swelling increases
- Injured arm or leg becomes cold, blue, numb or tingly
- Redness, warmth or drainage from the skin
- Fever over 99.5 (oral)

Discharge Instruction (cont.)

FACIAL CONTUSION

[no wake-up]

You have a facial contusion, which means a bruise with swelling and sometimes bleeding under the skin. The swelling should start to go down within two days. Although there is no sign of a serious injury at this time, symptoms may appear later which could be a sign of a more serious problem. Therefore, watch for the warning signs below.

HOME CARE:

- 1) If you have swelling of the face, apply an ice pack (ice cubes in a plastic bag, wrapped in a towel) for 20 minutes every 1-2 hours until the swelling starts to go down.
- 2) If you have scrapes or cuts on your face, clean them daily with soap and water. Apply an antibiotic ointment or cream (Bacitracin or Neosporin) for the first few days to prevent infection.
- 3) You may take Tylenol (acetaminophen) or ibuprofen (Advil, Motrin) for pain, unless another pain medicine was prescribed.

FOLLOW UP with your doctor or this facility if you do not start to improve within the next 24 hours.

[NOTE: Any X-rays taken will be reviewed by a radiologist. You will be notified of any new findings that may affect your care.]

RETURN PROMPTLY or contact your doctor if any of the following occur:

- Increasing facial swelling
- Fever, redness, warmth or pus from the injured area
- Jaw pain with chewing or increasing pain in the sinuses
- Nose looks crooked or cannot breathe through your nose after swelling goes down
- Seeing double
- Repeated vomiting
- Severe or worsening headache or dizziness
- Unusual drowsiness or unable to awaken as usual
- Unequal pupils
- Confusion or change in behavior or speech
- Convulsion (seizure)

Triad Community Hospital
2100 Duke, Blvd., Durham, NC 27601
919-250-8800
Discharge Instructions

CONTUSION, SOFT TISSUE

You have a CONTUSION, which is a bruise with swelling and some bleeding under the skin. There are no broken bones. This injury takes a few days to a few weeks to heal.

HOME CARE:

- 1) Keep the injured part elevated to reduce pain and swelling. This is especially important during the first 48 hours.
- 2) Make an ice pack (ice cubes in a plastic bag, wrapped in a towel) and apply for 20 minutes every 1-2 hours the first day. Continue this 3-4 times a day until the swelling goes down.
- 3) You may take Tylenol (acetaminophen) or ibuprofen (Advil, Motrin) for pain, unless another pain medicine was prescribed.

FOLLOW UP with your doctor or this facility if you are not improving within the next THREE days.

[NOTE: If X-rays were taken, they will be reviewed by a radiologist. You will be notified of any new findings that may affect your care.]

RETURN PROMPTLY or contact your doctor if any of the following occur:

- Pain or swelling increases
- Injured arm or leg becomes cold, blue, numb or tingly
- Redness, warmth or drainage from the skin
- Fever over 99.5 (oral)

Dr. Rajesh Mittal



**THE NEW YORK CITY
DEPARTMENT OF CORRECTION
NUTRITIONAL SERVICES DIVISION**



DIET PRESCRIPTION REQUEST

Date: 08/26/04	
Inmate Name: JONES Christopher	
Inmate I.D. Number: 1410413522	Sex: M - Age: 29
Institution: OBC	Cell/Loc:
Diagnosis: HYPERSENSITIVE	Thooth
Height: 5'11, Admission Wt:	Present Wt.: 168, IBW:

Check appropriate diet:

Liquid Diet

Diabetic:

<input type="checkbox"/>	1800 Calorie
<input type="checkbox"/>	2000 Calorie
<input type="checkbox"/>	No Concentrated Sweets
<input type="checkbox"/>	PM Snack

<input type="checkbox"/>	Clear Liquid
<input checked="" type="checkbox"/>	Full Liquid
<input type="checkbox"/>	Soft
<input type="checkbox"/>	Low Fat/Low Cholesterol
<input type="checkbox"/>	Low Sodium (3-4 Gm.)
<input type="checkbox"/>	Renal (60 Gm. Protein)
<input type="checkbox"/>	Puree/Blended
<input type="checkbox"/>	High Calorie (To be evaluated by the Dietitian)
<input type="checkbox"/>	Supplements (To be evaluated by the Dietitian)

NOTE: Refer to the DOC Diet Manual available in the Clinic
Do Not add to the above Diets

Complete Diet Prescription Request in triplicate. Give inmate original, place one copy in Dietitian's mail box, located in the main clinic, and the other copy in the inmate's medical chart.

Beginning Date: 8/26/04	Ending Date: UNDEFINITE
-------------------------	-------------------------

Daniel Calderon
Dietitian's Signature

Calderon, Daniel

MEDICAL TREATMENT OF PRISONER PD 244-150 (Rev. 12-99) - Pent-RMU

Date **08/26/04**

SECTION I - TO BE COMPLETED BY N.Y.P.D.

Prisoner's Name (Last, First, M.I.) (Print) JONES, CHRISTOPHER		Age 29	Sex M
Address 23 Nostrand Ave BKLY		Zip Code 11206	Apt. 3B
Telephone No. 718 694-8342			
Arresting Officer: Det Snelders	Signature <i>[Signature]</i>	Shield No. 842	Tax Reg. No. 920853
Arrest No. K0466138X	Cmd. Of Arrest 079	Charge 160.15 02	
Escort Officer:	Rank (Print) Name (Last, First, M.I.)	Signature	Shield No.
Prisoner Requests/Requires Medical Aid <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Prisoner Refused Medical Aid <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date 08/26/04
Transported To Hospital (Name)		Date	Time
Via Patrol		RMP #	ACR #
Wagon #		PCR #	Operator Rank (Print) Name (Last, First, M.I.)
Returned From Hospital	Attempted Suicide <input type="checkbox"/> Yes <input type="checkbox"/> No	Nature Of Illness/Injury cut to Lips & Gum	
Date	Time	If Injury <input type="checkbox"/> Old <input checked="" type="checkbox"/> New	
Restraining Devices Used <input type="checkbox"/> Yes <input type="checkbox"/> No		E. S. U. Responded <input type="checkbox"/> Yes <input type="checkbox"/> No	
Prescription Medication <input type="checkbox"/> Yes <input type="checkbox"/> No		Pharmacy / Phone No.	
Possessed At Arrest <input type="checkbox"/> Yes <input type="checkbox"/> No		Property Clerk Invoice No./Cmd.	
Remarks: AT D.O.C Prisoner had and apparent injury to the mouth which he R.M.A For injury.			

Prisoner Refused Medical Aid In The Field <input type="checkbox"/> Yes <input type="checkbox"/> No	Prisoner Refused Medical Aid At The Command <input type="checkbox"/> Yes <input type="checkbox"/> No	Prisoner Refused Medical Aid Within The Court Section <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Recommend Prisoner Be Separated From General Population <input type="checkbox"/> Yes <input type="checkbox"/> No	
E.M.S. Field Personnel	Print Name (Last, First, M.I.)	Shield #	Date	Time
E.M.S. Court Section	Print Name (Last, First, M.I.)	Shield #	Date	Time
NYPD Supervisor/Desk Officer	Rank (Print) Name (Last, First, M.I.)	Signature	Cmd. Of Arrest/Court Section	Date
SECTION II - TO BE COMPLETED BY HOSPITAL MEDICAL STAFF				
Admitted To Hospital <input type="checkbox"/> Yes <input type="checkbox"/> No	Suicide Watch Recommended By Hospital Staff <input type="checkbox"/> Yes <input type="checkbox"/> No	Transfer to Psychiatric Hospital Recommended By Hospital Medical Staff <input type="checkbox"/> Yes <input type="checkbox"/> No	Medication Prescribed <input type="checkbox"/> Yes <input type="checkbox"/> No	Medication To Be Taken As Prescribed <input type="checkbox"/> Yes <input type="checkbox"/> No
Medication To Travel With Prisoner <input type="checkbox"/> Yes <input type="checkbox"/> No	Refer To Psychiatric Hospital <input type="checkbox"/> Yes <input type="checkbox"/> No			
Print Name (Last, First, M.I.)	Signature	Title	Date	Time
NYPD Court Section Supervisor	Rank (Print) Name (Last, First, M.I.)	Signature	Court Section	Date
Received By Department Of Correction	Rank (Print) Name (Last, First, M.I.)	Signature	Shield / I. D. #	Date

DISTRIBUTION: 1. WHITE, 2. BLUE, 3. PINK - DEPT. OF CORRECTION, 4. BUFF - CMD. OF ARREST, 5. GREEN - ARRAIGNING JUDGE.
(Receipt will be obtained by Escorting Officer on PINK COPY and returned to COURT SECTION facility. Upon receipt of PINK COPY, COURT SECTION Supervisor will remove BUFF COPY from FILE and forward it to COMMAND OF ARREST FOR FILE.)

NOTE: A PHOTO COPY OF THIS FORM MAY BE PROVIDED UPON REQUEST TO HEALTH AND HOSPITALS CORPORATION (HHC) PERSONNEL.



FDNY AMBULANCE CALL REPORT

PATIENT INFORMATION DISCLOSURE AND ASSIGNMENT OF CL

NOTICE OF PRIVACY PRACTICES

Purpose of this Notice: The ambulance provider is required by law to maintain the privacy of your health care information, known as protected health information (PHI), and to provide you with a notice as to how we may use this information and to whom it may be disclosed. We ask you to acknowledge your receipt of this notice and to consent to the release of this information for the purposes set forth in this notice, but we may nonetheless use and disclose your PHI for any purposes authorized by law.

Uses and Disclosures of PHI: We may use and disclose your PHI for the purposes of treatment, payment and other health care operations, including providing a copy of this Ambulance Call Report to the hospital to which you are transported; to obtain payment for the ambulance service that we provide to you; to monitor the quality of patient care provided by ambulance personnel; and to respond to complaints about the ambulance service provided to you. We may disclose your PHI to a relative, friend or other individual involved in your care. We may also use and disclose your PHI in connection with required public health reporting; for workers' compensation purposes; in connection with a legal claim or proceeding; to comply with a subpoena or other compulsory legal process; and for military, national defense, security and certain law enforcement purposes.

Patient Access to PHI: You may obtain a copy of your Ambulance Call Report from the ambulance provider for a reasonable fee. Please be sure to include the CAD number and the pre-printed form number on the front of the Ambulance Call Report, at the top of the form. The patient's notarized authorization will be required. All requests for Fire Department Ambulance Call Reports should be mailed to FDNY Public Records Unit, 9 MetroTech Center, 1st Floor, Brooklyn, NY 11201-3857, and must enclose a check for \$1.50 and a stamped, self-addressed envelope.

Amending your PHI: You may request that we amend the PHI that appears on this Ambulance Call Report if you believe that the information is incorrect. We will consider but may not be required to comply with your request.

Restricting PHI Use and Disclosure: You may request that we restrict our use and disclosure of your PHI. We will consider but may not be required to comply with your request.

Accounting of PHI Use and Disclosure: You may request an accounting from us of our use and disclosure of your PHI after April 14, 2003, excluding use and disclosure of your PHI for treatment, payment and health care operations and as otherwise provided by law.

Changes In Privacy Practices: Our privacy practices are subject to change without further notice, including changes affecting our use and disclosure of any PHI previously created or received. You may obtain a copy of our current or more comprehensive Notice of Privacy Practices by writing to the Privacy Officer of the ambulance provider. You may also obtain the current FDNY Notice of Privacy Practice by accessing the FDNY web site: www.nyc.gov/fdny.

Complaints: All complaints regarding the use and disclosure of PHI may be made to the United States Department of Health and Human Services and/or to the ambulance provider's Privacy Officer.

FDNY Privacy Officer: You may contact the Fire Department's Privacy Officer by writing to FDNY Privacy Officer, Compliance Unit, FDNY Headquarters, 9 Metro Tech Center, Brooklyn, NY 11201-3857, or by calling the FDNY Complaint Hotline at (718) 999-2646.

AVISO DE PRÁCTICAS DE PRIVACIDAD

Propósito de este Aviso: Es requerido por el proveedor del servicio de ambulancia mantenga la privacidad de la información acerca de su condición médica, esta información se llama (PHI); además, el proveedor del servicio de ambulancia debe notificarle el uso que se le dará a esa información y quien tendrá acceso a ella. Le pedimos que acepte el recibo de este aviso y que consienta a que esta información se divulgue con los propósitos provistos, pero que podemos, sin embargo usar y divulgar esa información de acuerdo a cualquier propósito autorizado por la ley.

Usos y Divulgación de su PHI: Podemos usar y divulgar su PHI para los propósitos de tratamiento, pagos y otras operaciones de cuidado médico, incluyendo proveerle una copia de este Reporte de Ambulancia al hospital al que va ser trasladado; para obtener pago por el servicio de ambulancia que le estamos proveyendo; para la evaluación de la calidad de los servicios al paciente provisto por el personal del Servicio de Ambulancia; y para contestar querellas relacionadas al los servicios de ambulancia que se le proveyeron. Podemos divulgar su PHI a un pariente, amigo o cualquier otra persona que este relacionada con su cuidado. Podemos usar y divulgar su PHI en conexión a los reportes de salud pública requeridos por ley propósitos de reclamos por compensación a los trabajadores; en conexión a alguna reclamación o procedimiento legal; para el cumplimiento con una citación legal o cualquier otro procedimiento legal compulsorio; y por propósitos militares, defensa nacional, seguridad, y ciertos propósitos en la aplicación de la ley.

Acceso del Paciente a su PHI: Usted puede obtener una copia de su Reporte de Ambulancia de su proveedor del servicio por un precio razonable. Por favor, asegúrese de incluir el número de CAD y el Número de Formulario impreso en la parte superior del mismo. Se le requerirá una Autorización del Paciente notarizada. Cualquier petición al Departamento de Bomberos (FDNY) de un Reporte de Ambulancia deberá ser enviada a: FDNY Public Records Unit, 9 MetroTech Center, Brooklyn, NY 11201-3857, debe incluir un pago de \$1.50, y un sobre pre-dirigido.

Enmiendas a su PHI: Puede solicitar enmiendas a su PHI de cómo aparece en el Reporte de la Ambulancia, si usted cree que la información es incorrecta. Su petición será considerada, pero su cumplimiento no es requerido.

Restricciones en el Uso y Divulgación del PHI: Puede pedir que se limite el uso y divulgación de mi PHI. Su petición será considerada, pero su cumplimiento no es requerido.

Petición de Cuentas del Uso y Divulgación de su PHI: Depuse del 14 de abril de 2003, usted puede pedir que se le informe sobre el uso y divulgación que le hemos dado a su PHI excluyendo el uso y divulgación de su PHI con relación al tratamiento, pagos, y operaciones de cuidado médico o así como sea provisto por ley.

Cambios en las Prácticas Privacidad: Nuestras prácticas de privacidad están sujetas a cambios sin previo aviso, incluyendo cambios que afectan el uso y divulgación de cualquier PHI previamente creado o recibido. Puede obtener una copia del Aviso de Prácticas Privacidad vigentes escribiendo al Privacy Officer del proveedor del servicio de ambulancia. También puede obtener una copia del Aviso de Prácticas de privacidad vigentes accedando el website del Departamento de Bomberos al: www.nyc.gov/fdny.

Querellas: Toda querella referente al uso y divulgación de su PHI, debe ser dirigida al Departamento de Salud y Servicios Humanos de los Estados Unidos (US Department of Health and Human Services) o al Privacy Officer del proveedor del servicio de ambulancia.

Privacy Officer del Departamento de Bomberos (FDNY): Puede comunicarse con el Privacy Officer del Departamento de Bomberos escribiendo a: FDNY Privacy Officer, Compliance Unit, - FDNY Headquarters, 9 MetroTech Center, Brooklyn, NY 11201-3857.

PATIENT INFORMATION RELEASE/ASSIGNMENT OF CLAIM

By signing the authorization on the Ambulance Call Report, you are authorizing the holder of medical information about you to release to the Centers for Medicare and Medicaid Services and its agents or any entity that may be financially liable for ambulance or other services furnished to you or your dependent, any medical or other information necessary to process a claim for such services.

Emergency ambulance treatment and transport is NOT a free service, but will be provided to you regardless of your ability to pay. You are responsible for any charges resulting from this service that are not covered by your insurance, unless otherwise provided by law.

You further authorize and assign payment of Medicare and any

INFORMACION DEL PACIENTE / AUTORIZACIÓN PARA EL RECLAMO DE PAGO POR SERVICIOS BRINDADOS

Al firmar la autorización contenida en el Reporte de Ambulancia, usted esta autorizando al poseedor de su información médica a divulgar cualquier información médica o de cualquier otro tipo que sea requerida por los Centros de Servicios de Medicare y Medicaid y sus agentes o cualquier otra agencia responsable por el pago de servicios de ambulancia y otros servicios brindados a usted o a sus dependientes para procesar el pago por dichos servicios.

Los servicios de emergencia ambulatorios y transportación no se ofrecen gratuitamente, pero se le brindaran sin consideración de su habilidad para pagar. Usted será responsable del pago por servicios no cubiertos por su seguro medico o en cualquier otra medida provista por la ley.